2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020696

Entity Name: FISHBUSTERZ DELIVERY, LLC

Current Principal Place of Business:

6406 MALONEY AVE KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 169 KEY WEST, FL 33040 US

FEI Number: 26-2154430

Name and Address of Current Registered Agent:

BEHAR, BRIAN SESQ DCOTA, SUITE A-350 1855 GRIFFIN ROAD FORT LAUDERDALE, FL 33004 US FILED May 01, 2016 Secretary of State CC2543879533

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | MGRM | Title | MGRM |
|-----------------|----------------------|-----------------|-------------------|
| Name | DICKSTEIN, ERIC | Name | RENIER, CHARLES |
| Address | 1121 MARGARET STREET | Address | PO BOX 169 |
| City-State-Zip: | KEY WEST FL 33040 | City-State-Zip: | KEY WEST FL 33041 |
| Title | MGRM | | |
| Name | QUIRK, COLLEEN MARIE | | |
| Address | 50 PALMETTO DRIVE | | |
| City-State-Zip: | KEY WEST FL 33040 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2016

Date

Date